









## WIA APPLICATION

Social Security Number: _____ - _____ - _____		
Last Name:		First Name:
Address:		
City:	State:	Zip:
Phone: Home	Cell	E-mail:
Service Provider:		Case Manager:

	<b>SEEKER ENTRY- BASIC</b>	<b>DATE OF BIRTH:</b>	
		<b>CITIZEN STATUS:</b>	
		Yes	Non Citizen
		Eligible Non Citizen	
		<b>GENDER:</b>	
		Male	Female
		<b>HISPANIC/LATINO:</b>	
		Yes	No
		<b>WIASRD RACE:</b>	
		White	Native American
		Asian	Hawaiian/Native Islander
		Black/African	
		<b>LIMITED ENGLISH PROFICIENCY:</b>	
		Yes	No
		<b>INDIVIDUAL WITH DISABILITY:</b>	
		Yes	No
		<b>CATEGORY OF DISABILITY:</b>	
		Physical impairment	Both physical and mental impairment
Mental impairment			
<b>HOMELESS AND/OR RUNAWAY:</b>			
Yes	No		
<b>UNEMPLOYMENT COMPENSATION ELIGIBLE STATUS:</b>			
Claimant referred by WPRS	Exhausted benefits		
Claimant not referred by WPRS	Neither claimant or Exhausted		
<b>OFFENDER:</b>			
Yes	No		
<b>PRE-PROGRAM EMPLOYMENT STATUS:</b>			
Employed	Not employed		
Employed but received notice of termination			
<b>MIGRANT STATUS:</b>			
Seasonal farmworker			
Migrant food processor			
Migrant agricultural worker			
<b>PRIMARILY EMPLOYED IN FARMWORK:</b>			
At least 50% income earned	Both 1 and 2		
At least 50% work time	No		
<b>MINIMUM THRESHOLD OF FARM WORK PERFORMED:</b>			
At least 25 days worked	Both 1 and 2		
At least \$800 earned	No		
	<b>SEEKER ENTRY- VETERAN</b>	<b>VETERAN STATUS:</b>	
		N - None	V - Regular Veteran
		O - Other Eligible Person	D - < 30% DISABLED
		R - Reserve/Natl. Guard	S - > 30% DISABLED
		<b>CAMPAIGN VETERAN:</b>	
		Yes	No
		<b>DATE OF ACTUAL MILITARY SEPARATION:</b>	
<b>TRANSITIONING SERVICE MEMBER:</b>			
RETIREMENT	DISCHARGE		
<b>SERVICE DATES:</b>			
FROM:	TO:		
	<b>SEEKER ENTRY- EDUC/CERT</b>	<b>EDUCATION STATUS:</b>	
		Not Attending School-H.S. Graduate	In School, H.S.
		Not Attending School-H.S. Dropout	In School, Alternative School
<b>HIGHEST GRADE COMPLETED:</b>			

## WIA APPLICATION

Revised 11/2007

	<b>ASSESSMENT- EDUCATION</b>	<b>PELL GRANT RECIPIENT:</b> Yes      No	
	<b>ASSESSMENT- SUPPORT SYSTEM</b>	<b>1ST CONTACT NAME/RELATION:</b> _____ <b>PHONE:</b> _____ <b>2ND CONTACT NAME/RELATION:</b> _____ <b>PHONE:</b> _____	
	<b>ELIGIBILITY- APPLICATION</b>	<b>FAMILY SIZE:</b> _____ <b># DEPENDENTS &lt; 18:</b> _____ <b>MONTHLY FAMILY INCOME:</b> _____ <b>SELECTIVE SERVICE (MALE BORN AFTER 12/31/59):</b> Yes registered male      Exempt-including females No not a registered male <b>SELECTIVE SERVICE REGISTRATION #:</b> _____ <b>LAYOFF DATE (MONTH/DAY/YEAR):</b> _____ <b>EMPLOYER/COMPANY NAME:</b> _____	
	<b>ELIGIBILITY- APPLICATION- YOUTH</b>	<b>BASIC LITERACY SKILLS DEFICIENCY:</b> Yes      No <b>FOSTER CHILD:</b> Yes      No <b>YOUTH WHO NEEDS ADDITIONAL ASSISTANCE:</b> 1. Yes      2. No <b>PREGNANT OR PARENTING YOUTH:</b> Yes      No	
	<b>ELIGIBILITY- ELIGIBILITY</b>	<b>SINGLE PARENT:</b> Yes      No <b>CURRENT EDUCATION STATUS:</b> In school, Alternative school      In school, H.S. or less Not attending school or Dropout      In school, Post H.S. Not attending school - H.S. graduate <b>HIGHEST GRADE COMPLETED:</b> _____ <b>DISPLACED HOMEMAKER (FEDERAL DEFINITION):</b> Yes      No <b>FOOD STAMPS IN LAST 6 MONTHS:</b> Yes      No <b>RECEIVING TANF:</b> Yes      No <b>RECEIVING SSI/SSDI:</b> SSI only                              Yes, both SSI and SSDI SSDI only                              No <b>RECEIVING GA/RA:</b> Yes      No <b>STATE DISPLACED HOMEMAKER:</b> Yes      No	

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I have been advised of the Privacy Act of 1974 and my rights to file a complaint.

WIA is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities. If you believe that you have been treated unfairly during your participation you may file a grievance for up to **one year** after the alleged occurrence. You will have an opportunity for an informal resolution and/or a hearing within **60 days** of filing the grievance. You may file a grievance directly with the service provider or with the State WIA Grievance Officer, Workforce Services Division, P.O. Box 1728, Helena, Montana 59624. The service provider will assist you with filing the grievance if requested.

Signature of Applicant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SIGN PRINT DATE

Signature of Interviewer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SIGN PRINT DATE